SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. BKD. DEP. OEP. BND. DEP. ì ı T. TOTAL RED. TOTAL IND. _1 _1 TOTAL DEP. CLAMS * MAY BE USED FOR ADDITIONAL CLAIMS ÔR ADMENDMENTS

FORM PTO-2022 (1-98)